

Patricia Booker
 National Sign Processing
 Paralegal Specialist
 (703) 305-3738

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10/048024</u>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		/		51			/	/
2		/		/		/	52			/	/
3		/		/		/	53			/	/
4		/		/		/	54			/	/
5		/		/		/	55			/	/
6		/		/		/	56			/	/
7		/		/		/	57			/	/
8		/		/		/	58			/	/
9		/		/		/	59			/	/
10		/		/		/	60			/	/
11	/		/		/		61			/	/
12		/		/		/	62			/	/
13		/		/		/	63			/	/
14		/		/		/	64			/	/
15		/		/		/	65			/	/
16		/		/		/	66			/	/
17		/		/		/	67			/	/
18		/		/		/	68			/	/
19		/		/		/	69			/	/
20		/		/		/	70			/	/
21		/		/		/	71			/	/
22		/		/		/	72			/	/
23		/		/		/	73			/	/
24		/		/		/	74			/	/
25		/		/		/	75			/	/
26		/		/		/	76			/	/
27		/		/		/	77			/	/
28		/		/		/	78			/	/
29		/		/		/	79			/	/
30		/		/		/	80			/	/
31		/		/		/	81			/	/
32		/		/		/	82			/	/
33		/		/		/	83			/	/
34		/		/		/	84			/	/
35		/		/		/	85			/	/
36		/		/		/	86			/	/
37		/		/		/	87			/	/
38		/		/		/	88			/	/
39		/		/		/	89			/	/
40		/		/		/	90			/	/
41		/		/		/	91			/	/
42		/		/		/	92			/	/
43		/		/		/	93			/	/
44		/		/		/	94			/	/
45		/		/		/	95			/	/
46		/		/		/	96			/	/
47		/		/		/	97			/	/
48		/		/		/	98			/	/
49		/		/		/	99			/	/
50		/		/		/	100			/	/
TOTAL IND.	2				2		TOTAL IND.				
TOTAL DEP.	26				18		TOTAL DEP.				
TOTAL CLAIMS	28				20		TOTAL CLAIMS				